

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2			1			
3			1			
4			1			
5			4			
6			4			
7			4			
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	23	4				

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						